

SPIRIT OF 76 PAC

Page 2 of 2

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contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1172.

Sincerely,



Jack Baisden
Campaign Finance Analyst
Reports Analysis Division

327

NOV 10 10 00 AM '15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Spirit of 76 PAC

ADDRESS (number and street) PO Box 1044

Check if different than previously reported. (ACC) Marlton NJ 08054-16044

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00570010

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of NJ

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jim Lyman

Signature of Treasurer J Lyman Date MM / DD / YYYY
7 / 22 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

844-900-1000

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Spirit of 76 PAC

Report Covering the Period: From:

10' 01' 2014

To:

11' 24' 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0	
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19).....	27,000.00	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		
7. Total Disbursements (from Line 31).....	24,183.00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,817.00 2,817.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

604-NW-000 (NO INNOVATION) 000-NW-400

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	27,000.00	27,000.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27,000.00	27,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		0
37. Offsets to Operating Expenditures (from Line 15, page 3)	27,000.00	27,000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	27,000.00 0	27,000.00 0

NUTRITION INFORMATION

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 6
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Spirit of 74 PAC</i>		FEC IDENTIFICATION NUMBER <i>C00570010</i>
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <i>12/02/2014</i>

SECTION 501(C)(3) NON-PROFIT

Full Name of Payee <i>101.5 WKXW-FM</i>	Date of Public Distribution/Dissemination <i>11/02/2014</i>
Mailing Address <i>100-126 Walters Ave</i>	Amount <i>6,047.75</i>
City State Zip Code <i>Trenton, NJ 08638</i>	Date of Disbursement or Obligation <i>10/30/2014</i>
Purpose of Expenditure <i>Radio Ad</i>	Category/Type
Name of Federal Candidate <i>Anthony Wilkinson</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>22,300.10</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <i>6</i> State: <i>NJ</i>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name of Payee <i>WJLK-FM 94.3 The Birt</i>	Date of Public Distribution/Dissemination <i>11/02/2014</i>
Mailing Address <i>8 Robbins St. suite 201</i>	Amount <i>1,853.00</i>
City State Zip Code <i>Tom's River, NJ 08753</i>	Date of Disbursement or Obligation <i>10/30/2014</i>
Purpose of Expenditure <i>Radio Ad</i>	Category/Type
Name of Federal Candidate <i>Anthony Wilkinson</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>24,153.10</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <i>6</i> State: <i>NJ</i>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

24,153.10

(a) SUBTOTAL of Itemized Independent Expenditures.....	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *J Lyman*

Date *12/31/2014*
7 22 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 6
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Spirit of 76 PAC</i>		FEC IDENTIFICATION NUMBER <i>C00570010</i>	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on <i>12/02/2014</i>

Full Name of Payee <i>Robert E. Kittle</i>		Date of Public Distribution/Dissemination <i>11/20/2014</i>	
Mailing Address <i>426 Highlands 36</i>		Amount <i>500.00</i>	
City <i>Highlands, NJ</i>	State <i>NJ</i>	Zip Code <i>07732</i>	Date of Disbursement or Obligation <i>11/20/2014</i>
Purpose of Expenditure <i>Radio Ad Production/Consultant</i>	Category/Type	Name of Federal Candidate <i>Anthony Wilkinson</i>	
Name of Federal Candidate <i>Anthony Wilkinson</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <i>6</i> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <i>NJ</i>
Calendar Year-To-Date Per Election for Office Sought <i>26648.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type	Name of Federal Candidate	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<i>500.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures.....	▶	<i>500.00</i>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *J. J. [unclear]*

Date *7 22 2015*
07/31/2015

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SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE / OF /
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Spirit of 76 PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>WOR-AM</i>		Nature of Debt (Purpose): <i>Dispute of charge for Ads. Canceled Check from 10/30/2014</i>
Mailing Address <i>30 Avenue of the Americas</i>		
City <i>NY, NY</i>	State <i>NY</i>	
Zip Code <i>10013</i>		
Outstanding Balance Beginning This Period <input type="text" value="2465.00"/>		
Amount Incurred This Period <input type="text"/>		
Payment This Period <input type="text" value="0"/>		
Outstanding Balance at Close of This Period <input type="text" value="2465.00"/>		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	
Zip Code		
Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>		
Payment This Period <input type="text"/>		
Outstanding Balance at Close of This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	
Zip Code		
Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>		
Payment This Period <input type="text"/>		
Outstanding Balance at Close of This Period <input type="text"/>		

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>

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J. Lyman
Spirit of 76 PAC
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Marlton, NJ 08054

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20483



1006

To: Federal Election Com.
999 E Street NW
Washington DC
20463
Attention: Jack Baisden

EPI4H July 2013 Outer Dimension: 10 x 5

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

7/27/15
 DATE PREPARED

1-800-438-0000